

State of New Hampshire

Banking Department

64B Old Suncook Rd
Concord, NH 03301

Peter C. Hildreth
Bank Commissioner

Robert A. Fleury
Deputy Bank Commissioner

Telephone: (603) 271-3561
Fax: (603) 271-0750
Licensing: (603) 271-8675
www.nh.gov/banking

MORTGAGE SERVICER APPLICATION INFORMATION

General Instructions

The application for registration should reflect the principal office of the applicant wherever it is located. The initial fee to register as a mortgage servicing company is \$100. Please make the check payable to the 'State of New Hampshire.'

Please make sure the following are included with the application:

1. Foreign (not formed in New Hampshire) entities must appoint a NH agent. The agent must have a NH business address open during normal business hours.
2. Applicants who propose to use a trade name must provide proof of trade name registration issued by the NH Secretary of State. (Telephone Number: 603-271-3244) The "Owner" of the trade name listed on the registration must match the name of the "Applicant". If these are not the same, ownership must be changed through the Secretary of State's office.
3. Foreign corporations, foreign limited liability companies and foreign partnerships must provide a copy of their home state registration and proof of registration as a foreign corporation, foreign limited liability company or foreign partnership issued by the NH Secretary of State. (Telephone Number: 603-271-3244)
4. A list of names, business addresses, residence addresses and titles of *all* of the following that apply: the applicant's **A.** (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) senior managers (senior vice presidents and higher), and (4) directors of a corporate applicant; **B.** general partners of a general partnership; **C.** general and limited partners (10% or more) of a limited partnership; **D.** members of a limited liability company; **E.** trustees and beneficiaries (10% or more) of a trust; and **F.** New Hampshire branch managers must be included on the application. Criminal investigation authorization forms must be included for each person on the list.
5. As part of the Banking Department's registration application review process, criminal background checks are required for each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
6. Criminal Records checks are conducted by the State of New Hampshire Department of Safety, State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. A copy of the *Department of Safety Division of State Police Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in Item 4 of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
7. You will need to submit fingerprints in order to complete the criminal background checks. To obtain fingerprint card(s), which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675 or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
8. Submit a *Criminal History Record Information Authorization Form*, fingerprint card and a fee in the amount of \$39, for each person described in Item 4 of these instructions, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records." Fees covering multiple individuals may be combined into one check.
9. Please note that this form and procedure do not take the place of the Banking Department's Authorization/Release Form which still must be submitted for the individuals listed in Item 4 of these instructions and which enables us to access the other information we need to act on your company's application.

Please make sure that all items on the application form are completed and all attachments, numbered to correspond to the question or item to which they respond, are enclosed with the application filing. Please include the applicant's name on each attachment. Inclusion of a list/index of attachments is recommended. Care in providing all the required information will result in the filing of a complete application and will enable us to expeditiously review the application without the need to write for further information.



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FORM 397-B-1

APPLICATION FOR MORTGAGE SERVICER REGISTRATION

Application Fees

Registration fee:

____ Mortgage Servicing Company (\$100)

Make Check Payable To: "STATE OF NEW HAMPSHIRE"

Complete all items and sign the affirmation.

Date of this filing: _____, 200____

NAME AND IDENTIFICATION OF APPLICANT

1. Legal name of applicant: _____

Will applicant do business under a trade name? _____ ("yes" or "no"; if "yes", state the trade name and attach copy of trade name registration issued by NH Secretary of State. The trade name provided below must match the trade name registration issued by NH Secretary of State)

Trade Name: _____

2. Address of applicant: _____
(Street) (City) (State) (Zip)

Mailing address, if different: _____
(Street or PO Box) (City) (State) (Zip)

Communications: _____
(Tel. No.) (Fax No.) (Cell No.)

Applicant's Web Address: _____

3. Applicant's federal tax ID number: _____ Applicant's fiscal year end date: _____

4. Applicant's Servicing offices: List all servicing office locations of the applicant that are in New Hampshire or that service mortgages on property located in New Hampshire (attach an additional sheet if necessary).

Street Address	City/State/Zip	Manager	Telephone	Fax

EXECUTIVE OFFICER/CONTACT PERSON FOR OFFICIAL MATTERS

5. President, Chief Executive Officer or Senior Partner of Applicant:

Name: _____ Title: _____

Business Address: _____
(Street) (City) (State) (Zip) (Direct Line Telephone)

Mailing Address if different: _____
(Street) (City) (State) (Zip)

Contact's E-Mail Address: _____

Applicant's Web Address: _____

PRINCIPAL REGISTRATION CONTACT PERSON

THIS IS THE INDIVIDUAL TO WHOM ALL REGISTRATION QUESTIONS AND ISSUES WILL BE ADDRESSED. THE NAMED INDIVIDUAL MUST ALSO BE AUTHORIZED BY THE COMPANY TO MAKE SWORN STATEMENTS AND ATTESTATIONS ON BEHALF OF THE COMPANY WHERE REQUIRED AS PART OF THE APPLICATION AND/OR RENEWAL PROCESS

6. Name: _____ Title: _____

Business Address: _____
(Street) (City) (State) (Zip) (Direct Telephone Line)

Mailing Address if different: _____
(Street) (City) (State) (Zip)

E-Mail Address: _____

☐ Check here if you wish to have important notices sent via e-mail.

APPLICANT'S LEGAL STATUS

7. Applicant is a: (check one) Corporation _____ Individual _____ Partnership _____
Association _____ Limited Liability Company _____
Other (specify) _____

A. If Applicant is an individual, skip to question 8. All others please provide date and state of incorporation or formation, as applicable, and attach copy of Certificate of Incorporation or certificate of formation issued by the appropriate agency of the state of incorporation/formation.

State: _____ Date: _____

- B. If applicant is not a NH entity, attach a copy of certificate of registration as a foreign entity issued by the NH Secretary of State. (NH Secretary of State, Corporate Division - Phone: 603-271-3244)

N.H. AGENT

8. Foreign (not formed in New Hampshire) entities must appoint and maintain at all times a registered agent in New Hampshire. If the applicant has a NH branch office, an individual in that office may be appointed as the NH registered agent. If the applicant does not have a NH branch office or does not wish to appoint someone in a branch office, the applicant must appoint another person to be the NH registered agent. The agent's office must be open during regular business hours.

Name of Agent: _____ Telephone: _____

Complete address of NH Agent (the actual physical location, street, town or city and zip):

(Please provide a New Hampshire business address)

Mailing Address of Agent: _____

OWNERSHIP AND MANAGEMENT

9. Attach a list of names, business addresses, residence addresses and titles of all the following that apply: the applicant's A. (1) principal shareholders (10% or more), (2) officers (president, vice president, secretary, treasurer), (3) senior managers (senior vice presidents and higher) and (4) directors of a corporate applicant, B. (5) general partners of a general partnership, C. (6) general and limited partners of a limited partnership, D. (7) members of a limited liability company, and E. (8) the trustees and beneficiaries (10% or more) of a trust. If the applicant is a subsidiary, the list must include the principal shareholders (10% or more), senior officers and directors, general and limited partners, members, trustees and beneficiaries (10% or more) of the applicant's ultimate equity owner(s) and all intermediate entities. Attach an additional sheet if necessary.

Name	Owner (include % of ownership), Officer, Director, Manager, Member, Trustee (indicate which)	Business Address/Zip	Residential Address/Zip

10. Has applicant, or any of its owners, directors, partners, members, officers or managers (including any person with a position named in #9 above) ever had a lending, loan brokering or servicing registration or license revoked, suspended or denied by this or any other state, or been the subject of any formal disciplinary proceeding? Yes _____ No _____ If yes, provide full details on a separate sheet.
11. Has the applicant or any of its owners, directors, partners, members, officers or managers (including any person with a position named in #9 above) ever been convicted of a misdemeanor or felony? Yes _____ No _____ If "yes," furnish complete details, including dates, location, docket number, nature of crime, penalties, etc. on a separate sheet.

THE PERSON NAMED IN ITEM NO. 6 OF ABOVE AS THE PRINCIPAL REGISTRATION CONTACT MUST MAKE THE AFFIRMATION BELOW AND SIGN THE APPLICATION UNDER PENALTY OF UNSWORN FALSIFICATION, RSA 641:3.

AFFIRMATION

I subscribe and affirm, under penalty of perjury, that the statements made in this application, including statements made in any accompanying papers, have been examined by me and to the best of my knowledge and belief are true, correct and complete, and that I am duly authorized to execute this affirmation. I understand that any misrepresentation made to the banking department may result in denial or revocation of the mortgage servicing company registration to which this form relates.

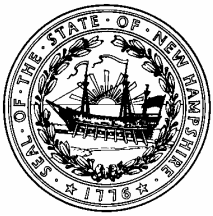
I acknowledge on behalf of the applicant that the applicant's business, if registered, will be operated in accordance with the New Hampshire Revised Statutes Annotated and rules of the New Hampshire Banking Department, and further acknowledge that the New Hampshire Banking Department is authorized to conduct examinations of the business affairs and records of the applicant's registered business at any time with or without notice, and that all books, papers, files, related material, and records of assets, whether electronically stored or otherwise, shall be subject to the Department's examination.

Date: _____

For _____
(Print or type Applicant's or Registrant's name)

By _____
(Print or type Name & Title of the Authorized Signatory)

Signature _____
(Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3)



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INSTRUCTIONS TO FORM U-2 N.H. UNIFORM CONSENT TO SERVICE OF PROCESS

1. The name of the applicant for licensure or registration is to be inserted in the blank space on line 1 Uniform Form U-2 ("Form").
2. The type of person executing the Form is to be described by striking out the inapplicable nomenclature in lines 2-4 and, if appropriate, by inserting a description of the person in the blank space provided on line 2 of the Form.
3. The name of the jurisdiction under which the person was formed or is to be formed is to be inserted in the blank spaces on line 3 of the Form.
4. The person to whom a copy of any notice, process of pleading which is served pursuant to the Consent to Service of Process is to be inserted in the appropriate blank spaces on page 1 of the Form.
5. An original manually signed Form must be filed with each application for licensure or registration.
6. The Form must be signed by the person. If the person is a corporation, it should be signed in the name of the corporation by an executive officer duly authorized; if a partnership, it should be signed in the name of the partnership by a general partner; and if an unincorporated association or other organization which is not a partnership, the Form should be signed in the name of such organization by a person responsible for the direction of management of its affairs.
7. The form must be signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

KNOW ALL MEN BY THESE PRESENT:

That the undersigned _____, (a corporation), (a partnership), (limited liability company) or
(Name of applicant for licensure or registration)

a () organized under the laws of the State of _____, or (an individual), [strike out inapplicable nomenclature] for the purposes of complying with the laws of the State of New Hampshire relating to either licensure as a mortgage broker, or mortgage banker, sales finance company, retail seller, small loan lender, debt adjuster or to registration as a mortgage servicing company, hereby irrevocably appoints the Bank Commissioner of the State of New Hampshire and the successors in such office its attorney in the State of New Hampshire upon whom may be served any notice, process or pleading in any action or proceeding against it arising out of or in connection with business conducted pursuant to said license or registration or out of violation of the aforesaid laws of said state; and the undersigned does hereby consent that any such action or proceeding against it may be commenced in any court of competent jurisdiction and proper venue within said state by service of process upon said officer with the same effect as if the undersigned was organized or created under the laws of said state and had been served lawfully with process in said state.

It is requested by the applicant that a copy of any notice, process or pleading served hereunder be mailed to:

(Name)

(Address)

Dated this _____ day of _____, 20_____

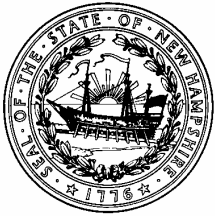
(COMPANY SEAL)

By _____
(Print name of Applicant)

Signed under penalty of Unsworn Falsification pursuant to NH RSA 641:3

By _____
(Signature of Officer)

(Print Name and Title of Officer)



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AUTHORIZATION/RELEASE FORM

NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS: Please complete a separate form for each: **1.** owner (10% or more), **2.** director, **3.** partner, **4.** member, **5.** trustee or **6.** beneficiary (10% or more), **7.** officer, **8.** manager (Sr VP & higher), and **9.** NH branch manager of the applicant. Please type. This form may be duplicated. An applicant that is a publicly-traded company may submit copies of the publicly-traded company's most recently filed U.S. Securities and Exchange Commission Forms 10-K and 10-Q in lieu of this authorization, except that the authorization must be completed for each NH branch manager.

Submitted in connection with an application made for a non-depository banker, broker, mortgage servicing company, small loan lender, debt adjuster, retail seller and/or sales finance company license or registration pursuant to RSA 397-A, 397-B, 399-A, 399-D and/or 361-A by:

(Name of Licensee, Registrant or Applicant)

(Name of Officer, Owner, Director, Manager, Branch Manager, Partner, Trustee, Member)

I hereby authorize the State of New Hampshire Banking Department to request and receive credit reports, tax records; local, state, federal or international governmental records, police and criminal records from any and all law enforcement officials, personal background reports and reports from national and/or regional databases, employment information, current and past record of conduct with any regulatory entity or agency, and further authorize that such information may be released to the State of New Hampshire Banking Department by such entities and/or officials upon presentation of this authorization, or a photostatic copy hereof. I understand that the State of New Hampshire Banking Department will utilize any information it receives as a result of this authorization for purposes of determining compliance with licensing or registration standards set forth in RSA 397-A, 397-B, 399-A, 399-D and/or 361-A, as applicable. I understand that this authorization does not expire. If the above applicant is a retail seller, I understand the Department will not request and receive credit reports in my name. I am signing this document under penalty of Unsworn Falsification pursuant to NH RSA 641:3.

(Type name)

(Date of Birth)

(Signature)

(Date)

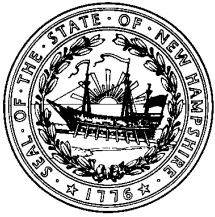
(Number and Street Address)

(Title)

(City and State of Residence)

(Social Security Number)

(Zip Code)



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CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM, NON-DEPOSITORY LENDER/BROKER, SERVICER, RETAIL SELLER OR DEBT ADJUSTER

INSTRUCTIONS:

1. As part of the Banking Department's license and registration application review process, criminal background checks are required for each of the applicant's individual owners/investors/beneficiaries of 10% or more and for each principal, officer, manager (senior vice president or higher), LLC member, partner in a partnership, director, trustee, and NH branch manager of the applicant.
2. Criminal Record checks are conducted by the State of New Hampshire Department of Safety State Police Division. The Department of Safety charges a \$39 fee to cover costs for each record check. The \$39 fee may be aggregated into one check if record checks are to be performed for more than one individual. However, the Department of Safety will only accept checks in the amount of \$39, or any multiple of \$39 (2 cards \$78, 3 cards \$117, etc. They will not accept 2 checks such as one for \$15 and an additional check for \$24). All checks and money orders for the record checks should be made payable to the "State of NH – Criminal Records."
3. You will need to submit fingerprints in order to complete the criminal background check. To obtain a fingerprint card, which must be on a New Hampshire State Police fingerprint form, you may submit a form from our website www.nh.gov/banking/consumer.html, call (603) 271-8675, or e-mail licensing@banking.state.nh.us the licensing section at the Banking Department, and indicate the number of cards needed and the address where they should be sent (only one address; the applicant or registrant is responsible for distribution to applicable persons within their organization) and we will send fingerprint cards out to you right away.
4. The New Hampshire cards must be taken to a local police department where a professional will take the fingerprints.
5. Every person **must** complete the following sections of the card:
 - a. Print the name of person whose record will be checked, "LAST NAME", "FIRST NAME", "MIDDLE NAME"; it must be legible;
 - b. Written "SIGNATURE OF THE PERSON FINGERPRINTED";
 - c. "RESIDENCE" address "OF THE PERSON FINGERPRINTED";
 - d. "DATE OF BIRTH DOB", "Month", "Day", "Year";
 - e. Country of "CITIZENSHIP" "CTZ" (most will be USA);
 - f. All vital information (ie. "SEX", "RACE" "HGT.", "WGT.", "EYES" (color), "HAIR" (color), "PLACE OF BIRTH POB");
 - g. "DATE" the form was signed and the "SIGNATURE OF THE OFFICIAL TAKING FINGERPRINTS";
 - h. "EMPLOYER NAME AND ADDRESS";
 - i. "SOCIAL SECURITY NO. SOC".
6. Unless the card has preprinted information in the following boxes, the Banking Department will complete the following sections of the fingerprint card for you:
 - a. "ORI";
 - b. "YOUR NO. OCA";
 - c. "FBI NO. FBI";
 - d. "ARMED FORCES NO. MNU";
 - e. "REASON FINGERPRINTED";
 - f. "MISCELLANEOUS NO. MNU".
7. A copy of the Department of Safety Division of State Police *Criminal History Record Information Authorization Form* follows these instructions. You may make copies of this form, and then complete a form for each person described in the first paragraph of these instructions. Complete all items in Section I, and make sure to sign the release information in Section II of the form and have the form notarized.
8. Submit a *Criminal History Record Information Authorization Form*, a fingerprint card and a fee in the amount of \$39, for each principal of the company listed in the application, to the Banking Department. We will forward the document(s) and check(s) to the Department of Safety. Fees covering multiple individuals may be combined into one check.

If you have any questions about the procedure or requirements, please call the New Hampshire Banking Department's Licensing Section at 603-271-8675.



New Hampshire Department of Safety
DIVISION OF STATE POLICE
Central Repository for Criminal Records
33 Hazen Drive, Concord, NH 03305

NEW HAMPSHIRE BANKING DEPARTMENT CRIMINAL HISTORY RECORD INFORMATION AUTHORIZATION FORM
AUTHORITY NH RSA 397-A:1 – A:5; 361-A:2; 397-B:1 – B:4; 399-A:1 – A:3; 399-D:2 – D:5

SECTION I

PLEASE TYPE OR PRINT CLEARLY, ALL INFORMATION IN THIS SECTION **MUST BE COMPLETED**

NAME _____
LAST (MAIDEN/ALIAS) FIRST MI

ADDRESS _____
STREET CITY STATE ZIP CODE

DATE OF BIRTH _____ HAIR COLOR _____ EYE COLOR _____ SEX _____

DRIVER LICENSE NUMBER _____ STATE _____

My below signature certifies I am the individual listed above and that the information provided is true.

YOUR SIGNATURE: _____ DATE _____
Signed under penalty of unsworn falsification pursuant to RSA 641:3.

SECTION II

IF RECORD IS TO BE MAILED **TO YOU**, OR RECEIVED BY SOMEONE OTHER THAN YOURSELF,

ALL OF SECTION II MUST BE COMPLETED

I hereby authorize the release of my criminal record conviction(s), if any, to the following individual:

NEW HAMPSHIRE BANKING DEPARTMENT
NAME OF PERSON / FIRM TO RECEIVE RECORD

ADDRESS **64B OLD SUNCOOK ROAD** **CONCORD** **NH** **03301**
STREET CITY STATE ZIP CODE

YOUR SIGNATURE _____ DATE _____

NOTARY'S SIGNATURE _____ DATE _____
(Affix Seal) (Comm. Exp.)

PETER C. HILDRETH, COMMISSIONER _____ DATE _____
SIGNATURE OF PERSON / FIRM TO RECEIVE RECORD

NOTE: A \$39.00 fee is required for each request - make checks payable to: State of NH – Criminal Records.

☐ Applicant fingerprint card attached.